

SEP 29 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

48324

1. PLACE OF DEATH

County Polk County Registration District No. 701
Township Clinton Primary Registration District No. 6292
City (No.) St. Ward)File No. _____
Registered No. 47

2. FULL NAME

Robert Earl, Mat. Married

(a) Residence, No. _____ St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Stillborn Infant5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
1 year 10 months 10 days ✓ 0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

near Clinton

13. NAME

Lloyd & A. Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

near Clinton

15. MAIDEN NAME

Donahue

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

near Clinton

17. INFORMANT (ADDRESS)

J. B. Evans

18. BURIAL, CREMATION, OR REMOVAL

PLACE SalmonDATE 8-10-1936

19. UNDERTAKER (ADDRESS)

White & Erwin

20. FILED

Aug 10 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10, 193622. I HEREBY CERTIFY, That I attended deceased from 8-10, 1936, to 8-10, 1936I last saw him/her on 8-10, 1936. Death is saidto have occurred on the date stated above, at 6:15 A.M.

The principal cause of death and related causes of importance were as follows:

Stillborn

Date of onset

Other contributory causes of importance:

Primature (7 mo)Name of operation None Date of _____What test confirmed diagnosis? Med. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. H. Thompson, M. D.(Address) Thurmanville, Mo.

